



TESTIMONY PRESENTED BEFORE THE PUBLIC HEALTH COMMITTEE

MARCH 19, 2014

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ON BILL #459, AN ACT CONCERNING MEDICAL ASSISTANTS

Senator Gerratana, Representative Johnson, and Members of the Committee,

I am testifying in **opposition** to Bill #459, AN ACT CONCERNING MEDICAL ASSISTANTS. I have worked with many medical assistants in a physician owned medical dermatology practice. I have found a few of them to be proficient enough to suggest they apply for nursing school and pursue nursing as a profession. However, I regret that I cannot testify to the proficiency of the vast majority of medical assistants in relation to their ability to safely administer medication.

Here are a few examples of errors I have witnessed:

- (1) A medical assistant applied Fraxel tracking gel to a patient's face mistakenly in lieu of a topical anesthetic cream. She neglected to read the label on the look- alike container. I discovered the error before harm was done.
- (2) A medical assistant provided me with an open bottle of normal saline to reconstitute Botox. I noticed it was cloudy and I presumed that the bottle I was given had another medication, Kenalog, mixed in it. I discarded the bottle before any harm was done. If I had not had the knowledge necessary to recognize the error and intervened, patient safety would have been compromised.

During my 5 years in medical dermatology I mixed and administered my own medications. It only took a minute or two, and I believe this time was well spent to ensure my patients' safety.

I understand a Scope of Practice was conducted to discuss this bill two years ago. Much can change in that time, especially in the ever-evolving medical field. I respectfully request that we consider another workgroup meeting to evaluate this issue further. The administration of medication should never be taken lightly.

During the workgroup meetings held 2 years ago, was there a representative medical assistant present? If so, was this representative asked how he or she would resolve a conflict if he or she did not agree with the physician's order?



What is the curriculum and are Medical Assistants qualified to administer, assess and react effectively to responses to medications?

RN's are taught patient advocacy in nursing school. We answer to the Board of Nursing. This creates a system of checks and balances, which increases patient safety. How will outcomes be monitored and who will regulate practice for Medical Assistants?

What are the underlying reasons for the consideration of this proposed legislation? Currently nurses are reporting losing their jobs and being replaced by Medical Assistants.

Would this bill save considerable money? For whom?

Will it improve access to care? Do you have data to support that?

Do you feel it will improve patient safety? Do you have data to support that?

This bill does not address transparency issues – there is nothing in it that mandates that physician practices must indicate they utilize medical assistants vs. RNs or LPNs. What is the penalty if a person calls oneself a medical assistant without the specific training cited in the bill? What about those individuals who are hired as “medical assistants” but do not have formal training as stated in the bill? Does this bill end the practice of on-the-job training rendering a person and/or practice that hires that person without the training specified in this bill illegal? Or do we plan on continuing to have both types of medical assistants: those trained on the job and those trained in formal programs? Will we have different titles for them?

With all due respect, in the name of patient safety, I must be frank in saying that I am baffled as to why we are considering this bill, as I cannot appreciate how this benefits the patient, the community, and the state.